
What's a Woman to Believe? The Latest on Shifting Guidelines

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THREE years ago, a woman visiting her doctor to discuss the onset of menopause would most likely leave with a prescription for hormone-replacement therapy and the instruction that she stay on it for the rest of her life.

Now, unless her hot flashes or other menopausal problems are severe, the same woman could visit the same doctor and get little more than sympathy.

What happened?

In 2002, a major study by the Women's Health Initiative found that the hormones that had been routinely given to millions of women once they reached menopause did not reduce the risk of heart disease and stroke, as had been expected. Instead, the study found, some of the drugs actually increased the risk, as well as the incidence of breast cancer.

Medical practice often shifts over the years. As conflicting research comes in, beliefs can swing one way or the other and back again. But the effect here was immediate.

Still, while the controversy over hormone replacement is an extreme example, it is not the only time women have been advised to do one thing to protect their health only to be told, Wait, not so fast. Here is the medical consensus - for now - on some of these issues, with a caveat that every decision has to take into account a patient's medical history.

Pap Smears

Pap smears save lives. That is beyond dispute.

As recently as the 1930's, the American College of Obstetricians and Gynecologists says, cervical cancer was the top cause of cancer death in American women. But since the early 70's, the number of cases of cervical

cancer and the number of women who die from it have gone down almost by half.

The reason is the Pap smear, a test in which a small sample of cells from a woman's cervix is examined for changes that can lead to cancer.

For decades, women were urged to have a Pap smear annually, from age 18. But health organizations and the federal government now take a less aggressive approach.

Women are now advised to have their first Pap test done about three years after they have first had sexual intercourse, or by age 21. Until age 30, they should have the tests every year. But after 30, if they have had three negative screenings in a row, they should be tested every two to three years. Women are still advised to have pelvic exams every year.

That is the advice. But in 2003, 75 percent of obstetricians and gynecologists surveyed said they still recommended yearly tests.

Mammograms

One may think that there is agreement among doctors on something as basic as the mammogram.

There is not. Not on who should get them. Not on how often they should be done. Not even on whether their overall benefits outweigh their risks.

In general, though, most doctors believe that mammograms are central in detecting breast cancer before it has spread. But many think that is not equally true for all women at all ages, and others disagree about how much benefit early detection offers for the aggressive, fast-growing tumors that are the hardest for women to survive.

So what are the guidelines? That depends on whom you ask. The American Cancer Society recommends yearly mammograms starting at age 40. The American College of Obstetricians and Gynecologists, in keeping with federal guidelines, recommends that women 40 to 49 be screened every one or two years, and every year after 50.

Some experts are skeptical about the value of screening women in their 40's, because they are most likely to have dense breast tissue that makes it harder to

read the scans. They also say that the harm that can occur from the follow-up tests and unnecessary treatment outweighs any benefit.

And some doctors say that while screening every two years works in theory, women don't often keep to the schedule.

"If you aim for every two years, what are you going to get?" asked Dr. Sandra Adamson Fryhofer, a general internist in Atlanta and past president of the American College of Physicians.

Caesarean Birth

There was a time when women who had already given birth by Caesarean section would never be allowed to have their next child naturally. Doctors considered the practice too dangerous.

That thinking changed about two decades ago. Doctors are now taught that in most cases, vaginal birth after Caesarean - often referred to as VBAC (commonly pronounced VEE-back) - is only slightly less safe than having another Caesarean.

But try getting a hospital to allow it. After years in which the number of VBAC's went up, many hospitals, concerned about medical complications and legal liability, have begun forbidding the practice.

Part of the concern is that the stresses of labor may put so much pressure on the old incision site that the uterus can rupture, putting baby and mother at serious risk. Even advocates of VBAC say that it should be done in hospitals that are equipped to deal with a problem.

The American College of Obstetricians and Gynecologists counsels that most women who have had what is known as a low-transverse incision Caesarean should be offered a chance to give birth vaginally. (The group advises against it with women who have had a "classical" Caesarean incision.) Epidural anesthesia is fine, the group says, but inducing labor should be discouraged.

Osteoporosis

Can anything be done to stop the weakening of bones that often comes with aging? The problem, called osteoporosis, can have severe consequences, and it

is four times as common in women as in men. A simple fall can cause a broken bone, and if the bone is in the hip, immobility and decline can follow.

Although some studies offer conflicting information, most doctors are still advising older people to take supplements containing calcium and vitamin D. As menopause approaches, women stop producing enough calcium to keep their bones strong.

Recent studies in The Lancet and BMJ raised questions about the supplements' effectiveness. When researchers followed the health of thousands of elderly people with symptoms of osteoporosis, they found that those who took calcium and vitamin D were no less likely to break bones than those who did not.

But other researchers noted that the study looked at people who already had a problem, not those trying to prevent one.

"I don't care what that study says," Dr. Fryhofer said. "Get your calcium. Get some vitamin D."

It is also very important to do weight training to keep bones strong, and to not smoke and not drink too much alcohol, said Dr. Barbara Rose Gottlieb of the women's health division at Brigham and Women's Hospital in Boston. And people who are too thin are more likely to break bones.

"This is going to make you crazy," Dr. Gottlieb said. "Because I'm telling you to lose weight, and I'm telling you not to lose it."